

1        DIAGNOSIS AND TREATMENT OF EARLY PRE-TYPE-1 DIABETES

2                UTILIZING GLIAL FIBRILLARY ACIDIC PROTEIN

3  
4        FIELD OF THE INVENTION

5                This invention relates to autoimmune (Type 1A) diabetes  
6 mellitus (T1D). Specifically, the invention relates to the  
7 early diagnosis of pre-Type-1 Diabetes based on the discovery  
8 that Schwann cell proteins, in particular glial fibrillary  
9 acidic protein (GFAP) plays a role in early stage  
10 autoimmunity, particularly serving as a marker of this  
11 process; and most particularly serving for the detection of  
12 GFAP binding proteins as the earliest harbingers of future  
13 disease risk and providing an unexpected, new target for  
14 intervention treatments.

15  
16        BACKGROUND OF THE INVENTION

17                T1D in humans and its premier animal model, the non-  
18 obese diabetic (NOD) mouse, are polygenic autoimmune diseases  
19 whose penetrance is under control of environmental factors  
20 (M. Knip, H. K. Akerblom, *Exp Clin Endocrinol Diabetes* 107,  
21 S93-100 (1999); D. B. Schranz, A. Lernmark, *Diabetes Metab*  
22 *Rev* 14, 3-29 (1998); G. T. Nepom, W. W. Kwok, *Diabetes* 47,  
23 1177-84 (1998); J. A. Todd, *Pathol Biol (Paris)* 45, 219-27  
24 (1997); M. A. McAleer *et al.*, *Diabetes* 44, 1186-1195 (1995)).

1 Insulin deficiency is the end result of a slowly progressive  
2 process, prediabetes, characterized by the accumulation of  
3 more and more dense T cell infiltrates around ('peri-  
4 insulitis') and eventually inside the islet ('invasive  
5 insulitis').

6 This slow progression and its biological controls are  
7 not well understood. Without ready access to the sparsely  
8 distributed islets in the human pancreas, most concepts of  
9 prediabetes progression derive from the rodent models of the  
10 disease (A. A. Rossini, E. S. Handler, J. P. Mordes, D. L.  
11 Greiner, *Clin Immunol Immunopathol* 74, 2-9 (1995); M. A.  
12 Atkinson, E. H. Leiter, *Nat Med* 5, 601-4 (1999)). However,  
13 there is strong consensus that human T1D is also  
14 characterized by the development of T cells and  
15 autoantibodies that recognize  $\beta$ -cell constituents, the former  
16 are effectors of  $\beta$ -cell demise during a decade or more of  
17 clinically silent prediabetes.

18 Early NOD prediabetes has successfully been targeted by  
19 multiple immunotherapies that slow or altogether halt its  
20 progression to overt insulin deficiency and thus diabetes (M.  
21 A. Atkinson, E. H. Leiter, *Nat Med* 5, 601-4 (1999); S. Winer  
22 et al., *J Immunol* 165, 4086-4094 (2000); D. L. Kaufman et  
23 al., *Nature* 366, 69-72 (1993); R. Tisch et al., *Nature* 366,  
24 72-75 (1993); J. Tian et al., *Nature Med.* 2, 1348-1353

1 (1996); J. Tian et al., *J Exp Med* **183**, 1561-7 (1996); J.  
2 Tian, C. Chau, D. L. Kaufman, *Diabetologia* **41**, 237-40 (1998);  
3 R. Tisch, R. S. Liblau, X. D. Yang, P. Liblau, H. O.  
4 McDevitt, *Diabetes* **47**, 894-9 (1998); R. Tisch et al., *J*  
5 *Immunol* **166**, 2122-2132 (2001); J. F. Elliott et al., *Diabetes*  
6 **43**, 1494-1499 (1994)). These immunotherapies have all  
7 targeted specific autoimmune responses as measured by  
8 autoantibodies. The therapeutic effects of the particular  
9 autoantigens or relevant epitope peptide fragments from these  
10 molecules, derive from the route of application (usually  
11 systemically rather than locally), with mechanisms of pre-  
12 diabetes delay or cessation ascribed to clonal deletion,  
13 anergy induction and modifications of disease-associated  
14 cytokine bias. Unfortunately, the autoantibody responses  
15 targeted by these immunotherapies appear relatively late in  
16 prediabetes (R. B. Lipton et al., *Amer J Epidemiol* **136**, 503-  
17 12 (1992); R. B. Lipton et al., *Diabet Med* **9**, 224-32 (1992)),  
18 treatments are effective only if applied earlier in  
19 prediabetes, while later treatments can precipitate overt  
20 disease (K. Bellmann, H. Kolb, S. Rastegar, P. Jee, F. W.  
21 Scott, *Diabetologia* **41**, 844-847 (1998); R. Tisch, B. Wang, D.  
22 V. Serreze, *J Immunol* **163**, 1178-1187 (1999); S. Winer et al.,  
23 *J Immunol* **165**, 4086-4094 (2000)).

24 Nevertheless, these observations have engendered

1 optimism in the field that organ-selective autoimmune  
2 diseases such as T1D can be successfully prevented in humans  
3 at risk for the disease, by immunological interventions that  
4 modify the progression of early disease stages. In this, the  
5 pressing need for earlier diagnosis of diabetes risk is  
6 clear. The present invention represents the by far earliest  
7 T1D risk marker identified, and it entails a new therapeutic  
8 strategy for early intervention therapy.

9 In the United States, these developments and needs have  
10 been acknowledged by considerable increases in funding for  
11 diabetes research, including the development of NIH-  
12 sponsored, \$300 million research efforts such as THE IMMUNE  
13 TOLERANCE NETWORK, TRIGR and TRIALNET. These efforts are  
14 aimed at unifying strategies for the translation of animal  
15 data to human clinical intervention/prevention trials in  
16 organ-selective autoimmune diseases, with T1D the leading  
17 concern - reflecting its 100+ billion dollar annual cost in  
18 the US (~80% of the total diabetes burden).

19 The past two decades of human T1D research had as its  
20 main theme the development of techniques that would allow  
21 reliable detection of prodromal disease states and pre-  
22 diabetes (W. Karges, et al., *Molec Aspects Med* **16**, 79-213  
23 (1995); D. B. Schranz, A. Lernmark, *Diabetes Metab Rev* **14**, 3-  
24 29 (1998); R. B. Lipton et al., *Amer J Epidemiol* **136**, 503-12

1 (1992); R. B. Lipton et al., *Diabet Med* **9**, 224-32 (1992); C.  
2 F. Verge et al., *Diabetes* **45**, 926-33 (1996); W. Woo et al., *J*  
3 *Immunol Methods* **244**, 91-103. (2000)).

4 International workshops continue to provide important  
5 controls and improvements in these diagnostic efforts (C. F.  
6 Verge et al., *Diabetes* **47**, 1857-66 (1998); R. S. Schmidli, P.  
7 G. Colman, E. Bonifacio, and Participating Laboratories,  
8 *Diabetes* **44**, 631-635 (1995); R. S. Schmidli, P. G. Colman, E.  
9 Bonifacio, G. F. Bottazzo, L. C. Harrison, *Diabetes* **43**, 1005-  
10 9 (1994); N. K. MacLaren, K. Lafferty, *Diabetes* **42**, 1099-1104  
11 (1993)). However, while the accuracy of pre-diabetes  
12 diagnostics is now approaching 90%, it is clear that present  
13 autoimmune serology detects only the mid- to late stages of  
14 the process with confidence. These stages are characterized  
15 in animal models as largely resistant to intervention, and  
16 immunotherapy at these stages can accelerate progression and  
17 precipitate overt disease (reviewed in S. Winer et al., *J*  
18 *Immunol* **165**, 4086-4094 (2000)).

19 Thus the need for very early detection of T1D-risk and  
20 impending prediabetes is pressing. While most current  
21 studies focus on families with the disease, such techniques  
22 must eventually be applicable to the general population,  
23 since 85% of new patients do not have a family history of  
24 autoimmune disease (W. Karges, J. Ilonen, B. H. Robinson, H.-

1 M. Dosch, *Molec Aspects Med* **16**, 79-213 (1995).

2 It is clear that if a marker indicative of the earliest  
3 stages of pre-diabetes could be targeted, that a better  
4 understanding and staging of early prediabetes would be  
5 realized, and that therapeutic strategies and avenues capable  
6 of altering the course, progression and/or manifestation of  
7 the disease would be realized. Such a marker of early  
8 prediabetes is of paramount importance and is probably a  
9 prerequisite for successful human intervention trials.

10

#### 11 SUMMARY OF THE INVENTION

12

13 The above conclusion has re-kindled intense studies of  
14 prodromal autoimmunity in animal models. Recent studies by  
15 Toronto researchers have added a new concept in these  
16 efforts. Thus Winer et al reported that T1D and multiple  
17 sclerosis (MS) share a near identical set of  
18 autoreactivities, including islet reactive T cells in MS and  
19 nervous system autoreactivity in T1D (*J Immunol* **166**, 2832-  
20 2841, *ibid* 4751-4756 (2001)). SYN-X Pharma, Inc. of  
21 Mississauga, Ontario has developed proteomics approaches to  
22 nervous system diseases including MS, with the discovery of  
23 new biomarker molecules for these disease processes though  
24 the use of modern mass spectrometry instrumentation. This  
25 technology was used to search for disease markers common to

1 both diseases. In this ongoing process, SYN-X scientists  
2 discovered a diabetes-associated 150 kD molecule that reacted  
3 with nervous system tissue in pancreas and was identified as  
4 autoantibody to glial fibrillary acidic protein (GFAP) a  
5 component of the Schwann cell mantle surrounding the  
6 pancreatic islets of Langerhans (S. R. Donev, *Cell Tissue Res*  
7 **237**, 343-8 (1984)). These antibodies appear in female NOD-  
8 strain mice as early as 4 weeks of age and are absent in male  
9 NOD animals. Female NOD mice develop T1D at a high rate  
10 (~90%), while male NOD mice rarely develop the disease. GFAP  
11 autoantibodies represent the first identified marker of early  
12 pre-diabetes to date, and they imply that peri-islet Schwann  
13 cells, i.e. a nervous system tissue, is an unexpected, early  
14 target of pre-diabetic autoimmunity.

15 Subsequent studies discovered the presence of similar  
16 autoantibodies in patients with diabetes and in relatives  
17 with high risk to develop the disease. The appearance of  
18 these autoantibodies thus provides a long elusive screening  
19 tool for the identification of early, progressive  
20 prediabetes, identifying candidates for intervention trials.  
21 Given the clear precedence of the ability of using  
22 autoantibody targets for immunotherapy (see above) (A.  
23 Atkinson, E. H. Leiter, *Nat Med* **5**, 601-4 (1999)), it is  
24 proposed to target the autoimmune response to GFAP by

1 immunotherapies aimed at modifying the response and halting  
2 autoimmune progression. Thus, any therapeutic modality which  
3 interferes, e.g. by interference is meant a modality having  
4 the ability to in some way alter the course, progression  
5 and/or manifestation of the disease, as a result of  
6 interfering with the disease manifestation process at the  
7 early stages focused upon by the identification of the  
8 autoimmune disease (e.g. prediabetes) indicative markers as  
9 instantly disclosed, are a part of this invention. Since the  
10 underlying autoimmunity in T1D and MS are fundamentally the  
11 same (S. Winer et al., *J Immunol* **166**, 2832-2841 (2001); S.  
12 Winer et al., *J Immunol* **166**, 4751-4756 (2001)), it is evident  
13 that the same arguments and reasoning should apply to both  
14 diseases. Thus, it is suggested that at least several organ  
15 selective autoimmune diseases are inherently and initially  
16 directed towards nervous system components, with disparate  
17 tissue factors and elements such as host histocompatibility  
18 molecules determining the clinical outcome. This present  
19 filing focuses on T1D and MS where relevant similarities have  
20 been worked out and reported in the literature.

21 Accordingly, it is an objective of the instant invention  
22 to teach a binding protein indicative of a loss of self  
23 tolerance of the Schwann cell protein, GFAP, and other SC  
24 constituents such as S100\_in mammals, notably humans. (S.

1 Schmidt et al., *Brain* (1997); M. Popovic, J. Sketelj, M.  
2 Bresjanac, *Pflugers Arch* 431, R287-8 (1996))., which will be  
3 referred to as "SC autoantibodies" and will include all  
4 immunologically detectable fragments thereof.

5 It is a further objective of the instant invention to  
6 teach a method and a device for the use of SC autoantibodies  
7 as a predictive marker of organ selective autoimmune disease  
8 such as T1D and MS, either in the format of a point-of-care  
9 assay or in the format of a central laboratory diagnostic  
10 assay.

11 It is yet another objective of the instant invention to  
12 provide a diagnostic assay test kit for SC related autoimmune  
13 disease, notably for prediabetes and pre-MS.

14 It is a still further objective of the invention to  
15 provide a diagnostic assay test kit for prediabetes wherein  
16 the SC autoantibody is an anti-GFAP autoantibody supplied in  
17 a diagnostically effective amount and the test kit is capable  
18 of detecting binding of said diagnostically effective amount  
19 of anti-GFAP IgG with a patient sample.

20 It is yet another objective of the instant invention to  
21 teach therapeutic targets, therapeutic avenues and  
22 therapeutic modalities, along with methods for their  
23 determination, isolation and elucidation, which are  
24 characterized by their capability for interfering with the

1 course, progression and/or manifestation of the disease, as a  
2 result of interfering with the disease manifestation process,  
3 for example at the early stages focused upon by the  
4 identification of the autoimmune disease (e.g. prediabetes)  
5 indicative markers as instantly disclosed.

6 Other objects and advantages of this invention will  
7 become apparent from the following description taken in  
8 conjunction with the accompanying drawings wherein are set  
9 forth, by way of illustration and example, certain  
10 embodiments of this invention. The drawings constitute a  
11 part of this specification and include exemplary embodiments  
12 of the present invention and illustrate various objects and  
13 features thereof.

14  
15 BRIEF DESCRIPTION OF THE FIGURES

16 Figure 1 illustrates a SELDI process using GFAP-coupled  
17 chip arrays;

18 Figure 2 illustrates the presence of GFAP binding  
19 protein in 4 week old NOD female mice;

20 Figure 3 illustrates a comparison of male vs. female NOD  
21 mice at 5 weeks;

22 Figure 4 (4A, 4B, 4C and 4D) illustrates a comparison of  
23 serum samples from patients with recent onset T1D (Fig. 4B),  
24 from autoantibody-positive first degree relatives with

1 probable prediabetes (Fig. 4A) and from relatives without  
2 signs of autoimmunity (Fig. 4 C, D), which were analyzed in a  
3 similar fashion as NOD mice.

4

#### 5 DETAILED DESCRIPTION OF THE INVENTION

6 Since  $\beta$ -cells themselves express trace amounts of GAD65 as  
7 well as S100, but lack GFAP expression detectable by RT-PCR,  
8 GFAP provides a local SC marker.

9 With reference to Figure 1, IgG autoantibodies to GFAP  
10 were measured in sera from NOD mice of different ages, using  
11 covalently GFAP-coupled chip arrays in a SELDI-time-of-flight  
12 mass spectrometry instrument calibrated with a monoclonal  
13 anti-GFAP antibody.

14 As seen in Figure 2, serum from 11/13 NOD females as  
15 young as 4 weeks old contained a GFAP-binding protein of  
16 149,805.71200 D mass. This 150 kD protein was removed by  
17 prior serum passage over solid phase GFAP or solid phase  
18 Protein G columns and thus represents IgG autoantibody. These  
19 autoantibodies were maintained in overtly diabetic mice 20-26  
20 weeks of age. Samples with high autoantibody signals in  
21 SELDI-TOF-MS were found to contain anti-GFAP autoantibodies  
22 in Western blots, but the sensitivity of SELDI exceeds that  
23 of Western blots.

1 As set forth in Figure 3, sera from male NOD mice 5-18  
2 weeks of age, from 7 week old non-autoimmune strain C57Bl/6 and  
3 8 week old Balb/c mice, or from NOD females 3 weeks of age were  
4 negative, while 5/8 samples from 4-5 week old females were  
5 clearly positive for GFAP autoantibodies.

6 It was therefore concluded that loss of self-tolerance to  
7 the Schwann cell protein, GFAP, and likely other SC  
8 constituents such as S100, is a characteristic of NOD mouse  
9 prediabetes and predicts the progressive disease course leading  
10 to overt T1D in female mice. There is no presently available  
11 serum marker to predict disease risk or overt disease in NOD  
12 mice before establishment of invasive insulinitis by 10-12 weeks  
13 of age (S. Reddy, N. Bibby, R. B. Elliott, *Clin Exp Immunol* **81**,  
14 400-5 (1990)): in the case of NOD females GFAP autoantibodies  
15 have a positive a predictive power of about 90% at an age of 5  
16 weeks, i.e. before insulinitis is established. This is an age  
17 where intervention therapies have the best effectiveness  
18 (discussed in: (S. Winer et al., *J Immunol* **165**, 4086-4094  
19 (2000); 1. M. A. Atkinson, E. H. Leiter, *Nat Med* **5**, 601-4  
20 (1999)).

21 Diabetes-associated autoimmunity in NOD mice and humans  
22 targets a closely similar set of autoantigens. As seen in  
23 Figure 4 (4A, 4B, 4C and 4D) serum samples from patients with  
24 recent onset T1D (Fig. 4B), from autoantibody-positive first

1 degree relatives with probable prediabetes (Fig. 4A) and from  
2 relatives without signs of autoimmunity (Fig. 4 C, D) were  
3 analyzed in a similar fashion as NOD mice. Samples from  
4 24/30 new onset patients, 9/10 relatives with probable  
5 prediabetes 2/29 healthy controls, and 4/5 patients with  
6 probable MS contained anti-GFAP autoantibodies detected by  
7 SELDI-TOF-MS.

8 We thus conclude that autoimmunity against peri-insular SC  
9 is characteristic of human and NOD mouse T1D and probably MS  
10 and thus appears to be a characteristic of the disease in  
11 general. Collectively, these observations establish peri-  
12 insular SC as a *bona fide* autoimmune target in T1D.  
13 Autoantibodies are not thought to be mediators of tissue  
14 destruction, but rather reflect the immune system's function to  
15 remove detritus once tissue destruction occurred. While it is  
16 difficult to rule out subtle  $\beta$ -cell damage this early in the  
17 prediabetes process, the first autoantibody and thus the first  
18 tissue destruction in prediabetes is the peri-islet SC mantle,  
19 i.e. a nervous system tissue. This conclusion provides not only  
20 a new diagnostic element in prediabetes, but also an attractive  
21 new target for therapeutic, including immunotherapeutic  
22 intervention, e.g. modalities such as administration of an  
23 immunologically reactive moiety capable of altering the course,  
24 progression and/or manifestation of the disease, as a result of

1 interfering with the disease manifestation process at the early  
2 stages focused upon by the identification of the disease, e.g.  
3 prediabetes indicative markers as instantly disclosed, such as  
4 by supplying a moiety capable of modifying the pathogenicity of  
5 lymphocytes specific for GFAP or other related SC components.

6 Therapeutic targets may thus be defined as those  
7 moieties which are capable of exerting a modulating force,  
8 wherein modulation is defined as an alteration in function  
9 inclusive of activity, synthesis, production, and circulating  
10 levels. Thus, modulation effects the level or physiological  
11 activity of at least one particular disease related  
12 biopolymer marker or any compound or biomolecule whose  
13 presence, level or activity is linked either directly or  
14 indirectly, to an alteration of the presence, level, activity  
15 or generic function of the biopolymer marker, and may include  
16 pharmaceutical agents, biomolecules that bind to the  
17 biopolymer markers, or biomolecules or complexes to which the  
18 biopolymer markers bind. The binding of the biopolymer  
19 markers and the therapeutic moiety may result in activation  
20 (agonist), inhibition (antagonist), or an increase or  
21 decrease in activity or production (modulator) of the  
22 biopolymer markers or the bound moiety. Examples of such  
23 therapeutic moieties include, but are not limited to,  
24 antibodies, oligonucleotides, proteins (e.g., receptors),

1 RNA, DNA, enzymes, peptides or small molecules.

2 With regard to immunotherapeutic moieties, such a  
3 moiety would be an effective analogue for a major epitope  
4 peptide in GFAP which reduces the pathogenicity of key  
5 lymphocytes which are specific for the native epitope in  
6 GFAP. An analogue is defined as having structural similarity  
7 but not identity in peptide sequencing able to be recognized  
8 by T-cells spontaneously arising and targeting the  
9 endogeneous self epitope. A critical function of this  
10 analogue is an altered T-cell activation which leads to T-  
11 cell anergy or death.

12 As  $\beta$ -cells have gene expression patterns reminiscent of  
13 neuronal cells (F. Atouf, P. Czernichow, R. Scharfmann, *J*  
14 *Biol Chem* **272**, 1929-34 (1997)), it seems conceivable that  
15 interactions between peri-islet SC and intra-islet  $\beta$ -cells  
16 have functional interactions typical for peripheral SC and  
17 'their' neurons, with the former maintaining the latter. An  
18 autoimmune attack on SC would then compromise survival of  $\beta$ -  
19 cells and possibly their regeneration. This possible axis of  
20 interaction has been uncovered by the observations leading to  
21 the present invention and deserve renewed attention as a  
22 candidate factor in prediabetes progression: e.g.  $\beta$ -cells  
23 may be victims of collateral damage in a primary autoimmune  
24 attack on pancreatic nervous system tissue.

1 As used herein the term "marker" or "biopolymer marker"  
2 are any molecules, typically proteins that pass out from the  
3 organ's cells as the cells become damaged or as adaptation  
4 occurs. These proteins can be either in the native form or  
5 can be any moiety which contains immunologically detectable  
6 or immunologically reactive fragments of the protein,  
7 resulting, for example, from proteolytic digestion of the  
8 protein. When the terms "marker" "biopolymer marker" or  
9 "analyte" are used, they are intended to include fragments  
10 thereof that can be immunologically detected. By  
11 "immunologically detectable" or "immunologically reactive" is  
12 meant that the protein fragments contain an epitope that is  
13 specifically recognized by a cognate antibody, e.g. the  
14 immunologically reactive marker, moiety or fragment has an  
15 affinity for a particular entity, e.g. an antibody.

16 As used herein, the term antibody includes polyclonal  
17 and monoclonal antibodies of any isotype (IgA, IgG, IgE, IgD,  
18 IgM), or an antigen-binding portion thereof, including but  
19 not limited to F(ab) and Fv fragments, single chain  
20 antibodies, chimeric antibodies, humanized antibodies, and a  
21 Fab expression library.

22 Antibodies useful as detector and capture antibodies in  
23 the present invention may be prepared by standard techniques  
24 well known in the art. The antibodies can be used in any

1 type of immunoassay. This includes both the two-site  
2 sandwich assay and the single site immunoassay of the non-  
3 competitive type, as well as in traditional competitive  
4 binding assays.

5 Particularly preferred, for ease and simplicity of  
6 detection, and its quantitative nature, is the sandwich or  
7 double antibody assay of which a number of variations exist,  
8 all of which are contemplated by the present invention. For  
9 example, in a typical sandwich assay, unlabeled antibody is  
10 immobilized on a solid phase, e.g. microtiter plate, and the  
11 sample to be tested is added. After a certain period of  
12 incubation to allow formation of an antibody-antigen complex,  
13 a second antibody, labeled with a reporter molecule capable  
14 of inducing a detectable signal, is added and incubation is  
15 continued to allow sufficient time for binding with the  
16 antigen at a different site, resulting with a formation of a  
17 complex of antibody-antigen-labeled antibody. The presence  
18 of the antigen is determined by observation of a signal which  
19 may be quantitated by comparison with control samples  
20 containing known amounts of antigen.

21 The assays may be competitive assays, sandwich assays,  
22 and the label may be selected from the group of well-known  
23 labels such as radioimmunoassay, fluorescent or  
24 chemiluminescence immunoassay, or immunoPCR technology.

1 Extensive discussion of the known immunoassay techniques is  
2 not required here since these are known to those of skilled  
3 in the art. See Takahashi et al. (Clin Chem 1999;45(8):1307)  
4 for S100B assay.

5 Although not wishing to be limited to any particular  
6 embodiment, the panel format exemplified herein is known and  
7 is commercially available. The panel format is similar to a  
8 format currently being used in association with pregnancy  
9 testing and is commercially available under the trade-mark  
10 BIOSIGN. Any assay device or method in accordance with the  
11 objectives of the instant invention is contemplated for use  
12 with one or more bodily fluids, said bodily fluids being  
13 selected from the group consisting of blood, blood  
14 components, urine, saliva, lymph and cerebrospinal fluid.

15 All patents and publications mentioned in this  
16 specification are indicative of the levels of those skilled  
17 in the art to which the invention pertains. All patents and  
18 publications are herein incorporated by reference to the same  
19 extent as if each individual publication was specifically and  
20 individually indicated to be incorporated by reference.

21 It is to be understood that while a certain form of the  
22 invention is illustrated, it is not to be limited to the  
23 specific form or arrangement herein described and shown. It  
24 will be apparent to those skilled in the art that various

changes may be made without departing from the scope of the invention and the invention is not to be considered limited to what is shown and described in the specification. One skilled in the art will readily appreciate that the present invention is well adapted to carry out the objectives and obtain the ends and advantages mentioned, as well as those inherent therein. The various biomolecules, e.g. antibodies, markers, oligonucleotides, peptides, polypeptides, biologically related compounds, methods, procedures and techniques described herein are presently representative of the preferred embodiments, are intended to be exemplary and are not intended as limitations on the scope. Changes therein and other uses will occur to those skilled in the art which are encompassed within the spirit of the invention and are defined by the scope of the appended claims. Although the invention has been described in connection with specific preferred embodiments, it should be understood that the invention as claimed should not be unduly limited to such specific embodiments. Indeed, various modifications of the described modes for carrying out the invention which are obvious to those skilled in the art are intended to be within the scope of the following claims.

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24